MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT RECEIVED

Ε	Ρ	o	R	r	#	1

	WOL KEI OKI		RECEIVED	, LFORT
Complete this report at the time of the regular Complete this report whenever the instrume Retain the original and send a copy within 1	nt is serviced or repaired ar	nd whenever it is pl	aced into service	m, Aug 11, 2015
	cy State Highway Patrol		DATE OF INSPECTION 08/02/2015	
LOCATION OF INSTRUMENT (STREET AND CITY) Montgomery Co Jail, 211 E 3rd St., Mo	ontgomery City		TIME OF INSPECTION 07:25:59	
CHECKLIST: Place a mark in the box by ea values where determined). Unmarked items	ch item if found to be satisf must be corrected before u	actory or is operati	ng within established limits.	(Write in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>08/02/2015 07:26</u> :	01_	☑ DETECTOR		
☑ PROGRAM		☑ FILTER 1	· · · · · · · · · · · · · · · · · · ·	
☑ SAMPLE CHAMBER 48.7°C		☑ FILTER 2		
☑ BREATH TUBE 47.8°C		☑ FILTER 3		
☑ PUMP	<u> </u>	☑ INTERNAL STANDARD		
BREATH ANALYZER ACCURACY STANI	DARDS			*
☐ SIMULATOR STANDARD		☑ COMPRESSE	D ETHANOL-GAS MIXTU	RE
STANDARD SUPPLIER INTOXIMETE	R LOT#	AG516801	EXP. DATE_C	06/17/2017
☐ SIMULATOR TEMP (34°C ± 0,2°C) ☐ CALIBRATION CHECK - (ONLY ONE : Run three tests using a standard. All three		TOR SN	SIMULATOR EXP DA	
of .005 or less. Mark the box correspond ☑ 0.10% STANDARD - MUST REA ☑ 0.08% STANDARD - MUST REA ☑ 0.04% STANDARD - MUST REA	AD BETWEEN 0.095% AN AD BETWEEN 0.076% AN	D 0.105% INCLUS D 0.084% INCLUS	BIVE	
TEST 1: 0.098	TEST 2: 0.098		TEST 3: 0,098	
PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWIN	G RANGES SINC	E THE LAST MAINTENAI	NCE REPORT:
REFUSALS: 0 004: 1	.0509: 0	.1014: 0	.1519: 0	OVER .19: 1
JST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR N ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	OUFICATION THAT WAS MADE TO	RESTORE THE INSTRUME	NT TO OPERATE SATISFACTORILY AI	ND WITHIN
NSPECTING OFFICER				
GNATURE OS ON OS		PRINT FULL NAME RAYMOND S I	AND THE PROPERTY OF THE PARTY O	经过的证据 医 医上颌
YPE II PERMIT NUMBER 1992	EXPIRATION DATE 12/23/2015	TELEPHONE	NUMBER	
RETURN COMPLETED REPORT TO THE	1	MO Department of	51-1000 Health and Senior Services	
D 580-2898 (3-13)	AN EQUAL OPPORTUNITY/AFF	PRMATIVE ACTION EMPLO nondiscriminatory basis	DYER	LAB-166
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Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 17-Jun-2015

Lot # AG516801

Exp. Date 17-Jun-2017 Cyl. Type 108

Component Ethanol Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Nitrogen Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2016.06, 17 15:18:11 - 05:00 Reason: Dry gas standard certification of analysis Location: Alrgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

STANDARD CHANGE

Missouri State Highway Patrol

INTOX dmt: 500187

Date: 08/02/2015 Time: 07:19:49

OPERATOR NAME: RAYMOND S MILLER PERMIT NUMBER: 230329

EXPIRATION DATE: 12/23/2015

LOT #: AG516801 SUPPLIER: INTOXIMETER

EXPIRATION: 06/17/2017 SIMULATOR TYPE: DRY GAS

STANDARD INFORMATION CONCENTRATION: 0.100 TARGET: 0.097

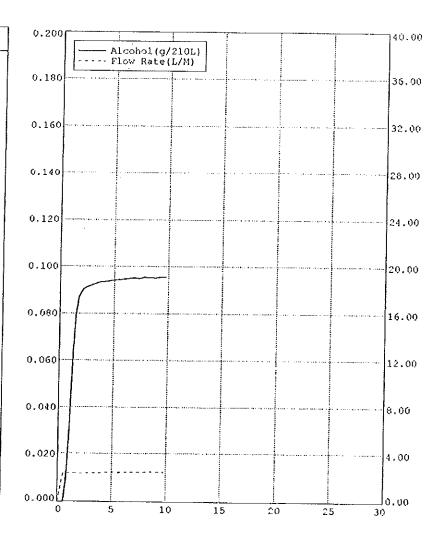
 BLANK TEST
 0.000
 07:20

 INTERNAL STANDARD
 VERIFIED
 07:20

 EXTERNAL STANDARD
 0.096
 07:21

 BLANK TEST
 0.000
 07:22

Average = 0.0960 Std Dev = 0.0000 Spread = 0.0000



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MAINTENANCE CHECK HE

RS Miller